

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09-057-036

FILING DATE

4-8-98

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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42			/			
43			/			
44			/			
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46			/			
47			/			
48			/			
49			/			
50			/			
TOTAL IND.			↓		↓	
TOTAL DEP.			↓		↓	
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		/				
53	/					
54		/				
55		/				
56		/				
57	/					
58		/				
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97						
98						
99						
100						
TOTAL IND.	3		↓		↓	
TOTAL DEP.	10		↓		↓	
TOTAL CLAIMS	19					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS